

NOTICE TO CERTIFIED PHYSICIAN ASSISTANTS

The Maryland Board of Physicians (the Board) certifies eligible applicants year round. If deemed eligible for certification, when do you wish to be certified? Please read the following page carefully, make your choice, complete the form, and mail it back to the Board.

Thank you for your cooperation.

PLEASE COMPLETE THE FOLLOWING PAGE OF THIS FORM.

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571
Baltimore, MD 21215-0095

APPLICATION FOR CERTIFIED PHYSICIAN ASSISTANTS

Applicant's Preferred Date of Certification

Instructions: Please read **Part A** carefully. Complete **Part B** and return this form to above address with the physician assistant certification application.

Part A: In Maryland, certifications are issued to eligible applicants year round. Certified physician assistants (PA-C) must be renewed by June 30, 2005.

The fee for renewal of PA certification is \$102.00 (\$50 renewal fee; \$25 rehabilitation program; \$27 Maryland Health Care Commission). Applicants who mail a renewal application that is received legibly postmarked after June 30, 2005 will have to **reinstate** their certification. The fee for **reinstatement** is \$127.00.

If determined eligible for certification, you may choose to be certified either BEFORE June 30 or AFTER June 30, 2005. The examples below show the effect of the expiration date of a certification on the date that the certification must be renewed.

1. Ms. B is certified in March 2005. The expiration date is June 30, 2005. Ms. B will be required to renew her certification and pay the renewal application fee by June 30, 2005.
2. Mr. L completed the form below indicating that if determined eligible for certification and he does not need to begin working before July 2005, he would like to be certified after June 30, 2005. If Mr. L is certified in July 2005, the first time he will be required to renew his certification and pay the renewal application fee is by June 30, 2007.

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Part B: Please make your choice, print your name, sign and date the form, and return it to the Board.

- ___ 1. If determined eligible for certification, I want to be certified **BEFORE** June 30, 2005. If certified, understand that I will be required to renew the certification and pay a renewal application fee by the expiration date, June 30, 2005. Further, I understand that a certification will be issued to an eligible applicant only upon receipt by the Board of this signed form.

Signature: _____ Date: _____

Name in Print: _____

- ___ 2. If determined eligible for certification, I want to be certified **AFTER** June 30, 2005, because I do not need to begin working prior to July 1, 2005. If certified, I understand that I will be required to renew the certification and pay the renewal application fee by the next expiration date - June 30, 2007. Further, I understand that a certification will be issued to an eligible applicant only upon receipt by the Board of this signed form.

Signature: _____ Date: _____

Name in Print: _____